Printed: 08/20/2015 FORM APPROVED OMB NO. 0938-0391

			I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		175277		B. WING		08/20	0/2015
	OVIDER OR SUPPLIER N WOODS AT ALVAMA	AR	1501 IN	VERNESS DR			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REI ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
	The following citation an MDS/Staffing Foc	s represent the findings us Survey.	of				
	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP		P	F 280			
	incompetent or other incapacitated under t	he laws of the State, to g care and treatment or					
	A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.						
	The facility had a cen sampled for review. interview, and record	not met as evidenced be sus of 99 residents with Based on observation, review, the facility faile sampled residents' nur- 5, #21, #22, and #23)	1 10 d to				
	Findings included:						
	data set) assessment	6/15 annual MDS (minir t revealed the resident peak and had moderate					
LABORATOR'	Y DIRECTOR'S OR PROVIDER	R/SUPPLIER REPRESENTATIV	E'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		1 ' '	E CONSTRUCTION	(X3) DATE S COMPL	
		175277		B. WING		08	/20/2015
	OVIDER OR SUPPLIER			ESS, CITY, STA			
BRANDO	N WOODS AT ALVAM	AR		VERNESS D NCE, KS 66			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATOR OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 280	impaired cognition. extensive assistance and was dependent of and toilet use. He/sh assistance of 1 perso had functional limitat side of both upper ar used a wheelchair fo Resident #28's 3/5/1 area assessment) sta experienced a stroke due to lack of oxyger flow to the brain by b artery to the brain) in aphasia (condition w language function) an muscle function, sen right side. The ADL indicated the residen staff to meet his/her Resident #28's 7/24/ assessment indicated impaired cognition ar assistance of 1 perso the assessment, the any problems and re services. The resident's 5/15/1 incontinence directed prevent urinary tract	The resident required of 2 persons for transfer on 2 persons for dressing the required extensive on for eating. The residion in range of motion of dower extremities and remobility. 5 Communication CAA ated the resident extended the resident of caused by impaired by lockage or rupture of an acquired extended in ith disordered or absent of paralysis (the loss of sation, or both) of his/his/activities of daily living twas totally dependent needs. 15 14 day Medicare ME of the resident had sevend required extensive on for eating. According resident swallowed with ceived speech therapy 5 nursing care plan for distaff to encourage fluicinfections. Review of the	ent on one d (care cells clood on t f er o CAA con OS rely g to nout	F 280			
	on 7/6/15 for aspirati inflammatory condition inhaling foreign mate 7/13/15 speech thera recommended a med	on of the lungs caused larial or vomit) and after	oy a ectar				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA			LE CONSTRUCTION	, ,	(X3) DATE SURVEY	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBE	R:	A. BUILDING	i <u></u>	COMPLET	ED	
		175277		B. WING		08/2	0/2015	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
BRANDO	N WOODS AT ALVAMA	AR		VERNESS D				
			LAWRE	NCE, KS 66	5047			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 280	Continued From page	e 2		F 280				
	swallowing strategies							
	Speech therapy consult on 7/13/15 indicated he/she provided the caregiver/staff education for safe swallowing strategies and recommended a mechanical soft diet with nectar thick liquids.							
		8/11/15 stated the resid						
	diet order was for a mechanical soft diet with nectar thick liquids and indicated staff fed the resident.							
	Review of the kardex (care guide used by direct care staff) for resident #28 stated the resident received a regular diet. During an observation on 8/13/15 at 12:15 p.m., the resident's family member fed him/her lunch of sloppy joes, macaroni and cheese, with nectar thickened fluids of water and juice. The resident ate the meal without evidence of choking or swallowing difficulties. During an interview on 8/13/15 at 2:51 p.m., direct care staff K stated resident #28 received thickened liquids, but does not recall any education on swallowing techniques to use while feeding the resident.							
			ch of ar					
	nurse L confirmed the aspiration pneumonia liquids with a mechan hospitalization. Nurse education provided re	ed the care plan and Ka	sis of d er /					
		n 8/13/15 at 4:21 p.m., A stated he/she expecte	ed					

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1` ′	E CONSTRUCTION	(X3) DATE S COMPLI	
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NAME OF PROVIDER OR SUPPLIER BRANDON WOODS AT ALVAMAR		IAR	1501 IN\	ESS, CITY, STATE VERNESS D NCE, KS 66	R		
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F 280	staff to updated the current diet order for thick liquids and swa used when feeding to #28's nursing care precommended swall. Resident #25's 12. data set) assessment BIMS (brief interview 13 which indicated in was independent with walking and required toilet use and person balance was steady in range of motion at No falls occurred sin Resident #25's 12/18 living) CAA (care are resident had the abil including dressing, to supervision to limited stated the resident hwhen trying to place recliner. Resident #25's 5/21/the resident was independent was ind	care plan and Kardex with mechanical soft with neallowing techniques to be the resident. The review and revise resident and with the current diet	ectar e ent and mum had a e of ident s, for nt's tions bility. ailly ne s vith r	F 280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
AND PLAN O	FCORRECTION	IDENTIFICATION NUMBE	iK.	A. BUILDING		COMPLE	בט	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BRANDON WOODS AT ALVAMAR 15		1501 IN	VERNESS D	R				
			LAWRE	NCE, KS 66	6047			
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F 280	Continued From page	<u> </u>		F 280				
F 280	indicated he/she was with stand by assistar supervision with toilet staff to assist him/her supervise when walki care plan instructed s resident's needs like I dressing for bed, keer remind the resident to 7/17/15 revision direct resident with seating revision on 8/7/15 update to to transfer with 2 person bearing as tolerated to to transfer with the sit transfer with 2 staff. The 8/11/15 kardex (a CNAs, certified nurse should transfer the reassistance, using a gas A 7/29/15 nurses' not on 7/28/15 at 7:30 p.r	independent with transince at times and neede ing. The care plan dire with dressing and to ng with the walker. The taff to anticipate the pathroom issues, assist p call light in reach and p call for assistance. A sted staff to assist the in the dining room. A realed the resident had and instructed staff to assistance with weigh to the right lower extrem the care plan directed staff to stand lift or stand picture a pocket care guide use aides) indicated staff sident with 2 person ait belt and pivot methode revealed the resident m. while attempting to	d ected et with a a t nity. staff vot ed by ed. fell	F 280				
	transfer him/herself from the chair to the bed. The resident indicated his/her leg was sore, but not different than his/her usual discomfort. Staff notified the physician and the noted stated staff should use a sit to stand lift for transfers. (Review of the resident's care plan and kardex lacked revision on 7/29/15 with the change in transfer method.)							
	resident denied pain. increased pain when On 8/4/15 the physici.	es on 8/1/15 revealed to On 8/3/15 the resident sitting up in the wheeld an ordered an X-ray due in pelvic pain. On 8/4	t had hair. le to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, , ,	LE CONSTRUCTION	, ,	(X3) DATE SURVEY COMPLETED	
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				B. WING		08/	20/2015	
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F 280	at 5:30 p.m. the reside hospital due to a fractive returned to the facility replacement surgery. During an observation direct care staff N and room with a sit to start transferred the reside the toilet with the lift. personal hygiene, staffom the toilet to the vistand lift. The resider without indications of the direct care staff K station 7/29/15 the resider required very little assused the sit to stand I without indications of the care plan may not the change in transfers after the the care plan may not the change in transfers the change in transfers the change in transfers attend the change in transfers attend the the care plan may not the change in transfers the change in transfers the change in transfers attend the change in transfers attend the change in transfers attend the the change in transfers attend the time change in transfers attend the time change in transfers attend to refer the care plan transfers attend to the	ent transferred to the tured right hip. The rest on 8/7/15 following hip on 8/7/15 following hip on 8/7/15 at 3:13 p.r. of O entered the resident of lift. Staff N and O ont from the wheelchair After toileting and proving transferred the reside wheelchair using the sit of tolerated with transfer discomfort. In 8/13/15 at 2:51 p.m., ted prior to the resident nt was independent and sistance. After the fall sift for transfers. In 8/13/15 at 2:51 p.m., with lice dent #25 was active and ently prior to his/her fall. hysician ordered sit to fall on 7/29/15 and stat thave been updated with the fall on 7/29/15 and stat thave been updated with the care plan. In 8/13/15 at 4:15 p.m., A stated the care plan see the physician ordered ethod. Eview and revise reside an and kardex with the nesfer when the physician	m., it's to iding ent to ers t's fall d staff ensed d . stand ed ith her of the	F 280				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			LE CONSTRUCTION	` '	(X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE	•		
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F 280	Continued From page	e 6		F 280				
	- Resident #21's face sheet, revealed an admission date of 4-23-15. Review of the admission MDS (minimum data)							
	Review of the admission MDS (minimum data set), dated 4-30-15, assessed the resident with a BIMS (brief interview for mental status) score of 11 indicating moderate impairment of cognitive function, no behaviors, required extensive assistance with activities of daily living, skin assessed with moisture associated skin damage, and he/she received antipsychotic medication 1							
	day of the 7 day look back period. The CAA (care area assessment) for psychotropic medication use, dated 4-30-15, assessed the resident as taking an antipsychotic and an antidepressant as not new to the resident. The resident was taking Seroquel as needed for increased anxiety.							
	The CAA, for pressure ulcers, dated 4-30-15, assessed the resident as needing assistance with bed mobility, experienced a decline in activities of daily living and had skin maceration from urine and bowel incontinence.		e with ies of					
	The care plan, updated 7-29-15, lacked a plan addressing the resident's anxiety and interventions for use of Seroquel.		an					
	The care plan for skin problems, updated 7-29-15, lacked interventions for the skin maceration, and interventions for the open area of the sacrum, identified on 7-30-15.		rea					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME			CONSTRUCTION	(X3) DATE S COMPLI	
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NAME OF PROVIDER OR SUPPL BRANDON WOODS AT A		1501 IN	RESS, CITY, STATE VERNESS DR NCE, KS 660	!		
PRÉFIX (EACH DEFICIE	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RE OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
resident seated him/herself brobreakfast at 1° Observation, of the dressing to loosened edge provided wour Interview, on 8 administrative should be upon the pressure turning and resident the pressure turning and resident the behavior of administration time, staff E of administration that the behavior of the pressure turning and the interview, on 8 administration that the behavior of the pressure turning and the interview, on 8 administration that the behavior of the president's anxiety and in the president the president's anxiety and in the president the p	on 8-13-15 at 9:30 am, reveal d in the dining room, feeding eakfast. The resident finished 1:09 am. on 8-13-15 at 11:26 am, reveal the resident's coccyx had es, so licensed nursing staff End care. 3-13-15 at 11:40 am, with staff B, revealed the care plated to indicate the developmulcer and interventions such a	aled aled and aled aled and aled aled aled aled aled aled aled aled	F 280			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
		175277		B. WING		08/	20/2015	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BRANDO	N WOODS AT ALVAMA	AR		IVERNESS D ENCE, KS 66				
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F 280	Continued From page	e 8		F 280				
	medication, dated 04- provide behavior inter The facility failed to recare to include target anxiety and use of Seresident received approance. The facility for the plan of care to incompose the prevention and a set of the prevention and the past 30 days. The CAA (care area a sinfection, dated 1-19-with occasional urinary him/herself to the tolk monitor and help the balance, weakness at the resident wore incomposed to the prevention. State of a catheter urinary retention. State care daily. The care prevent traction (pullil lacked interventions of paraphimosis (the incomposed to the prevention and the paraphimosis (the incomposed to the prevention of the prevention of the prevention and the prevention of the prevention o	propriate interventions for ailed to review and reviected interventions in place the healing of pressure ulter #23's quarterly MDS dated 7-1-15, assessed (brief interview for mening intact cognition, required to to the toilet use, and ambulations with personal hygicals not rated due to present 7 day look back period a urinary tract infection assessment) for urinary 15, assessed the residency incontinence, able to the total	nt. an of ent's or se acce cers. the tal uired ation, ene. sence od, in tract ent take					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 280	of the head of the pe symptoms of redness foul-smelling dischard. The undated direct casummary sheet, lack resident's need for pe foreskin, and details to avoid urethral trau. The nurses' note data resident was seen by staff to empty the resident was seen by staff to empty the resident was greater than 500 intermittently cathete. A nurses' note, dated observation of blood. A nurses' note, dated resident was taken to removal due to pain a A nurses' note, dated resident requested a The physician's orderstaff to discontinue the Keflex (an antibiotic), day, for 7 days. The support the catheter catheter from pulling. The physician's note, the resident had uret traction and edema (advised staff of the resident of t	nis and the foreskin with s, swelling, pain, and a ge). are staff resident care ed identification of the erineal care, retraction of regarding catheter anchma. ed 4-15-15, revealed the a urologist, who instructed it is bladder by use of etimes a day and as the catheter in if the resident rized. 14-26-15, revealed the in the resident's brief. 14-27-15, revealed the acute care for catheter and swelling in the penish acute care for catheter and swelling in the penish section of the catheter for urgency. T, dated 6-19-15, instruction of the catheter for urgency. T, dated 6-19-15, instruction of the catheter for urgency. The Macrobid and adminition of the catheter for urgency the macrobid and section of the catheter for urgency. The Macrobid and section of the catheter for urgency. The Macrobid and section instructed statution of the catheter for urgency the catheter for urgency.	of the noring e acted of a sidual at was affito	F 280				

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F 280	positioning of the cate Observation, on 8-12 resident seated in his urine collection bag s The resident declined catheter. Interview, on 8-13-15 administrative nursing resident should have plan to alert the staff with the leg bag, nee staff should be educated catheters. The facility policy for 6-30-06, advised staff anchored to prevent The facility failed to re appropriate anchoring resident's catheter, or balantitis to avoid paid - Review of resident (minimum data set), or resident required extendibility toilet use, dre and had an suprapub The CAA (care area a incontinence and cate assessed the resider activities of daily livin due to urinary retentic cancer.	theter and foreskin. 1-15 at 1:30 pm, revealed where wheelchair with the secured in a privacy baged comment about the state 4:00 pm, with g staff A revealed the an update to his/her care of the resident's difficult of for careful positioning atted on the anchoring of the care the catheter excessive tension. The secure of paraphimosis and and trauma to the period of the period of the care plan to in the period of the care of paraphimosis and and trauma to the period of the	e g	F 280			
		ubic catheter and advis					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GIDENTIFICATION NUMBI		l` ′	E CONSTRUCTION	(X3) DATE S COMPL	
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F 280	staff to provide cather care plan lacked instruction, on 8-13 resident positioned is suprapubic catheter device. Direct care to the resident and shave an anchoring device, but during the night, and that time. Interview, on 8-13-13 staff E, revealed reshave an anchoring device and device	eter care every shift. The truction on securing the	ed the ring r care ld ted d pan ed it at sed ould s with eed to Staff	F 280			
	The facility policy for catheter care, dated 6-30-06, advised staff to keep the catheter anchored to prevent excessive tension. The facility failed to review and revise the care plan to include appropriate anchoring techniques						
	of the resident's catherosion, pain and inf	neter to prevent stoma rection.					
F 315 SS=G	l <u>- ' - '</u>	ETER, PREVENT UTI, :R		F 315			
	resident who enters indwelling catheter is resident's clinical co	nt's comprehensive ility must ensure that a the facility without an s not catheterized unles ndition demonstrates the necessary; and a reside	at				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUM		CLIA		X2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
AND PLAN O	- CORRECTION	IDENTIFICATION NUMBE	:R:	A. BUILDING		COMPLET	ED
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0/0.15	CLIMMADY	FATEMENT OF DEFICIENCIES	LAVINL			OTION	(X5)
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F 315	, ,			F 315			
	treatment and service	bladder receives appro es to prevent urinary tra ore as much normal bla	ct				
	This Requirement is not met as evidenced by: The facility reported a census of 99 residents with 10 selected for review, which included 3 residents with urinary catheters. Based on observation, interview and record review, the facility failed to provide catheter care in a manner to prevent urethral trauma for 2 (#22 and #23) of the 3 residents reviewed for urinary catheters.						
	Findings included:						
	resident with a BIMS status) of 15, indicatir limited assistance wit and extensive assista Urinary continence woof a catheter during the	#23's quarterly MDS dated 7-1-15, assessed (brief interview for mening intact cognition, required to toilet use, and ambulance with personal hyginas not rated due to present 7 day look back perional urinary tract infection	tal uired ation, ene. sence od,				
	infection, dated 1-19- with occasional urinar him/herself to the toile monitor and help the	resident when his/her nd/or confusion worsen	ent take				
	the use of a catheter urinary retention. Sta	d 5-22-15, advised staf due to difficulty voiding off were to provide catho lan lacked intervention	and eter				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		, ,	(X3) DATE SURVEY COMPLETED	
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BRANDON WOODS AT ALVAMAR				VERNESS D NCE, KS 66				
(X4) ID PREFIX (E TAG	EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES F BE PRECEDED BY FULL RECENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
preclade painto i of fi syr four to a syr fo	cked interventions for araphimosis (the inatits original location the head of the pention of redness, ul-smelling dischargine undated direct calling the head of the pention of redness, ul-smelling dischargine undated direct calling the undated direct calling the undated direct calling the undated direct calling the sident's need for pereskin, and details reavoid urethral traundecord review reveals (2-15, which instruction antibiotic), 250 miles for the resident's urning with urination the resident developed the dated 4-7-15, and (10.9). The physician order, or affit to administer Diffledication) 150 millig (72 hours and apply ethra. The nurses' note, date is sident continued with a polied Nystatin (an all polied Ny	ng) on the catheter, and or the treatment of ability to return the forest and balantitis (inflammis and the foreskin with, swelling, pain, and are). The staff resident care and identification of the rineal care, retraction of the rineal care, retr	skin nation nati	F 315				

			1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175277		B. WING		08/2	20/2015	
	OVIDER OR SUPPLIER N WOODS AT ALVAM/	AR	1501 IN	ESS, CITY, STAVERNESS D	R			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 315	needed, and to keep was greater than 500 intermittently catheter. A nurses' note, dated observation of blood in A nurses' note, dated resident was taken to removal due to pain a A nurses' note, dated resident requested a A nurses' note, dated resident requested a A nurses' note, dated resident was having a bleeding from the tip of the physician's order staff to administer Mamilligrams, twice a date of the physician's order staff to discontinue the Keflex (an antibiotic), day, for 7 days. The support the catheter to catheter from pulling of the catheter from pulling of the resident had ureth traction and edema (sadvised staff of the rebalantitis and paraphi positioning of the catheter from the catheter from positioning of the catheter from sealed in his	the catheter in if the resimilliliters. The resident ized. 4-26-15, revealed the number of the resident's brief. 4-27-15, revealed the acute care for catheter and swelling in the penish of the pen	was and sted 00 sted ster nes a aff to d staff eter n reful d the	F 315				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPF AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/C		, , ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		RVEY
AND PLAN O	CORRECTION	IDENTIFICATION NUMBE	ik.	A. BOILDING		COMPLET	ED
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NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BRANDO	N WOODS AT ALVAMA	AR		VERNESS D			
				ENCE, KS 66			(45)
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REGENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 315	Continued From page 15 catheter.		F 315				
	staff C, revealed the r care, and he/she did the resident unless the incontinent episode we resident no longer would had pain and irritation residents used large and anchoring device. Observation, on 8-13-direct care staff D, progresident but did not resident but did not resident penis.	with stool. Staff C stated for a leg bag because he with it. Staff C stated a volume urine collection is. -15 at 8:30 am, reveale ovided catheter care to etract the foreskin to clet. The resident's catheter	re to d the ne all bags d the eanse er				
	was secured with a leg strap and attached to a large volume urine collection bag. Interview, on 8-13-15, with staff D, revealed the resident no longer wore a leg bag as he/she developed irritation and pain and preferred to use						
	the large volume uring Interview, on 8-13-15 nursing staff B, reveal difficult time with the oproblem with the legal resident's height. Stawas done by the nurse the treatment sheet. Son this unit no longer resident's agreed to use bags. Interview, on 8-13-15 administrative nursing	at 3:30 pm with license aled the resident had a catheter and did have a bag, stating due to the aff B stated the catheter ses and was documented baff B stated the reside used leg bags, and all use the large urine collect at 4:00 pm, with g staff A revealed the	ed care ed on ents the ection				
	resident should have plan to alert the staff	an update to his/her ca of the resident's difficul ducated on the anchori	ty,				

TAG OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 16 catheters. Interview, on 8-14-15 at 3:30 pm, with the		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1 ' '	LE CONSTRUCTION	(X3) DATE SURV COMPLETED		
BRANDON WOODS AT ALVAMAR (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			175277		B. WING		08/20/	2015	
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY TAG (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 315 Continued From page 16 catheters. Interview, on 8-14-15 at 3:30 pm, with the	NAME OF P	ROVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	P CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 315 Continued From page 16 catheters. Interview, on 8-14-15 at 3:30 pm, with the	BRANDO	N WOODS AT ALVAM	AR						
catheters. Interview, on 8-14-15 at 3:30 pm, with the	PREFIX	(EACH DEFICIENCY MUS	ST BE PRECEDED BY FULL RE		PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETION	
consulting physician G, revealed the urethral erosion occurred due to tension on the catheter due to incorrect placement of the leg bag. The physician stated the resident also had paraphimosis (strangulation of the penis due to retraction of the foreskin in an uncircumcised penis and balantitis (infection of the penis). The facility policy for catheter care, dated 6-30-06, advised staff to keep the catheter anchored to prevent excessive tension. The facility failed to provide appropriate anchoring of the resident's catheter resulting in urethral erosion, pain and infection. - Review of resident #22's quarterly MDS (minimum data set), dated 7-8-15, assessed the resident required extensive assistance with bed mobility tollet use, dressing and personal hygiene and had an indwelling urinary catheter. The CAA (care area assessment) for urinary incontinence and catheter, dated 10-30-14, assessed the resident needed assistance with activities of daily living had a suprapubic catheter due to urinary retention and diagnosis of prostate cancer. The care plan, updated 11-5-14, advised staff of the resident's suprapubic catheter and advised staff to provide catheter care every shift. The care plan lacked instruction on securing the catheter with an anchoring device. Observation, on 8-13-15 at 7:35 am, revealed the resident positioned in bed. The resident's	F 315	catheters. Interview, on 8-14-15 consulting physician erosion occurred due due to incorrect place physician stated the paraphimosis (strang retraction of the fores penis and balantitis (in the facility policy for 6-30-06, advised state anchored to prevent of the resident's catherosion, pain and inference of the resident required extension, pain and inference of the resident required extension and had an indwelling. The CAA (care area a incontinence and cathesessed the resident activities of daily livin due to urinary retention cancer. The care plan, update the resident's suprap staff to provide cathecare plan lacked instruction of the resident's suprap staff to provide cathecare with an ancholoservation, on 8-13	is at 3:30 pm, with the G, revealed the urethral to tension on the cather ement of the leg bag. Tresident also had pulation of the penis due skin in an uncircumcised infection of the penis). catheter care, dated if to keep the catheter excessive tension. crovide appropriate ancieter resulting in urethral ection. #22's quarterly MDS dated 7-8-15, assessed ensive assistance with lessing and personal hygurinary catheter. assessment) for urinary heter, dated 10-30-14, at needed assistance wigh had a suprapubic catheter and advister care every shift. The ruction on securing the noring device.	eter The the to d thoring I I the bed giene whith heter estate	F 315				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 315 F 329 SS=D	suprapubic catheter to device. Direct care is to the resident and sto have an anchoring dehe/she did not know anchoring device, but during the night, and that time. Interview, on 8-13-15 staff E, revealed resident an anchoring decatheters no longer unuse the large volume. The facility policy for 6-30-06, advised staff anchored to prevent expension, pain and inference devices the device of the resident's catheters on the resident's catheters on the facility failed to prove the resident's catheters on the resident's catheters of	ubing lacked an anchor taff D provided catheter ated the catheter should evice. The resident state what happened to the the/she did use the bed staff may have removed at 3:30 pm, with licensidents with catheters should be a staff to keep the catheter excessive tension. To vide appropriate ancheter to prevent stoma ection.	care d d pan d it at ed ould with ed to	F 315				
	unnecessary drugs. Adrug when used in extended and adupticate therapy); or without adequate more indications for its use adverse consequences should be reduced or combinations of the resident, the facility may who have not used an given these drugs unline.		s any corrections					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SUF COMPLET	
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F 329	as diagnosed and do record; and residents drugs receive gradua behavioral interventic contraindicated, in ar drugs.	cumented in the clinica s who use antipsychotic il dose reductions, and ons, unless clinically n effort to discontinue th	nese	F 329			
	This Requirement is not met as evidenced by: The facility reported a census of 99 residents with 10 selected for review including 2 residents selected for unnecessary medications. Based on observation, interview and record review, the facility failed to monitor effectiveness and adverse reactions to an antipsychotic medication for one (#21) of the 2 residents reviewed for unnecessary medications.						
	Findings included: - Resident #21's face admission date of 4-2						
	set), dated 4-30-15, a BIMS (brief interview 11 indicating moderar function, no behavior assistance with activi	ties of daily living and ic medication 1 day of t , and diagnoses of	vith a e of ive				
	assessed the residen	assessment) for tion use, dated 4-30-15 at as taking an antipsyons s not new to the reside	chotic,				

		CLIA			(X3) DATE SURVEY COMPLETED	
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(EACH DEFICIENCY MUS	ST BE PRECEDED BY FULL RE	I	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
The resident was tak increased anxiety. The care plan, updat addressing the residinterventions for use. The physician order instructed staff to ad antipsychotic medical hours as needed for. Review of the medic for April 27, 2015, re. Seroquel 25 mg one complaints, and on Manxiety. The resident in June 2015, includidose, 6-23: 2 doses, and 6-29: 2 doses, and 6-29: 2 doses, and 6-29: 1 doses, and anxiety. The nurses' note, daresident sustained a injury, on 6-21-15, and evaluation. Review of the medic for July 2015, reveal doses of Seroquel for The August 2015 merecord revealed the in Seroquel for increase on 8-13-15 at 8:00 a. The pharmacy review	ting Seroquel as needed ted 7-29-15, lacked a placent's anxiety and of Seroquel. sheet, dated 5-6-15, minister Seroquel (an ation), 25 milligrams, ever anxiety, ordered on 4-2 ation administration received the resident received Seroquel 9 time for repetitive healt May 31, 2015 for increase treceived Seroquel 9 time 6-19: 1 dose, 6-22: 16-24: 2 doses, 6-25: 1 dl administered for increased administration received the resident received ation administration received the resident received anxiety. Redication administration received anxiety with a dose of m.	ery 6 3-15. ord, sived h sed mes I dose, ased re for ord, 1 3	F 329			
	•	of				
	OVIDER OR SUPPLIER N WOODS AT ALVAM SUMMARY S (EACH DEFICIENCY MUSTOR LSC IT Continued From page The resident was tak increased anxiety. The care plan, updata addressing the residinterventions for use The physician order instructed staff to ad antipsychotic medica hours as needed for Review of the medica for April 27, 2015, re Seroquel 25 mg one complaints, and on Manxiety. The resident in June 2015, includid dose, 6-23: 2 doses, and 6-29: 2 doses, and 6-29: 2 doses, and injury, on 6-21-15, and evaluation. Review of the medica for July 2015, reveal doses of Seroquel for The August 2015 merecord revealed the inseroquel for increase on 8-13-15 at 8:00 a The pharmacy review to evaluate the resident residents.	OVIDER OR SUPPLIER N WOODS AT ALVAMAR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RE OR LSC IDENTIFYING INFORMATION) Continued From page 19 The resident was taking Seroquel as needed increased anxiety. The care plan, updated 7-29-15, lacked a pland addressing the resident's anxiety and interventions for use of Seroquel. The physician order sheet, dated 5-6-15, instructed staff to administer Seroquel (an antipsychotic medication), 25 milligrams, even hours as needed for anxiety, ordered on 4-2 Review of the medication administration record for April 27, 2015, revealed the resident recesseroquel 25 mg one time for repetitive healt complaints, and on May 31, 2015 for increas anxiety. The resident received Seroquel 9 times in June 2015, including 6-19: 1 dose, 6-22: 1 dose, 6-23: 2 doses, 6-24: 2 doses, 6-25: 1 dose, 6-29: 2 doses, all administered for increasing the resident sustained a witnessed fall with head injury, on 6-21-15, and was sent to acute catevaluation. Review of the medication administration received doses of Seroquel for increased anxiety. The August 2015 medication administration received doses of Seroquel for increased anxiety with a dose of the pharmacy review, dated 7-8-15, advised to evaluate the resident's use of Seroquel.	OVIDER OR SUPPLIER N WOODS AT ALVAMAR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 The resident was taking Seroquel as needed for increased anxiety. The care plan, updated 7-29-15, lacked a plan addressing the resident's anxiety and interventions for use of Seroquel. The physician order sheet, dated 5-6-15, instructed staff to administer Seroquel (an antipsychotic medication), 25 milligrams, every 6 hours as needed for anxiety, ordered on 4-23-15. Review of the medication administration record, for April 27, 2015, revealed the resident received Seroquel 25 mg one time for repetitive health complaints, and on May 31, 2015 for increased anxiety. The resident received Seroquel 9 times in June 2015, including 6-19: 1 dose, 6-22: 1 dose, 6-23: 2 doses, 6-24: 2 doses, 6-25: 1 dose, and 6-29: 2 doses, all administered for increased anxiety. The nurses' note, dated 6-21-15, indicated the resident sustained a witnessed fall with head injury, on 6-21-15, and was sent to acute care for evaluation. Review of the medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record revealed the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am. The pharmacy review, dated 7-8-15, advised staff	A BUILDING 175277 OVIDER OR SUPPLIER N WOODS AT ALVAMAR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 19 The resident was taking Seroquel as needed for increased anxiety. The care plan, updated 7-29-15, lacked a plan addressing the resident's anxiety and interventions for use of Seroquel (an antipsychotic medication), 25 milligrams, every 6 hours as needed for anxiety, ordered on 4-23-15. Review of the medication administration record, for April 27, 2015, revealed the resident received Seroquel 9 times in June 2015, including 6-19: 1 dose, 6-22: 1 dose, 6-23: 2 doses, 6-24: 2 doses, 6-25: 1 dose, and 6-29: 2 doses, all administered for increased anxiety. The nurses' note, dated 6-21-15, indicated the resident sustained a witnessed fall with head injury, on 6-21-15, and was sent to acute care for evaluation. Review of the medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record revealed the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am. The pharmacy review, dated 7-8-15, advised staff to evaluate the resident's use of Seroquel.	OVIDER OR SUPPLIER N WOODS AT ALVAMAR STREET ADDRESS, CITY, STATE, ZIP CODE 1501 INVERNESS DR LAWRENCE, KS 66047 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY) OR LSC IDENTIFYING INFORMATION) COntinued From page 19 The resident was taking Seroquel as needed for increased anxiety. The care plan, updated 7-29-15, lacked a plan addressing the resident's anxiety and interventions for use of Seroquel. The physician order sheet, dated 5-6-15, instructed staff to administer Seroquel (an antipsychotic medication), 25 milligrams, every 6 hours as needed for anxiety, ordered on 4-23-15. Review of the medication administration record, for April 27, 2015, revealed the resident received Seroquel 25 mg one time for repetitive health complaints, and on May 31, 2015 for increased anxiety. The resident received Seroquel 9 times in June 2015, including 6-19: 1 dose, 6-22: 1 dose, 6-23: 2 doses, 8-24: 2 doses, 6-25: 1 dose, and 6-29: 2 doses, all administered for increased anxiety. The nurses' note, dated 6-21-15, indicated the resident sustained a witnessed fall with head injury, on 6-21-15, and was sent to acute care for evaluation. Review of the medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record revaluation. Review of the medication administration record revalued the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am. The pharmacy review, dated 7-8-15, advised staff to evaluate the resident's use of Seroquel.	The physician order sheet, dated 5-6-15, instructed staff to administration record, for April 27, 2015, revealed the resident received Seroquel 9 times in June 2015, including 6-19. I dose, 6-23: 2 doses, 6-24: 2 doses, 6-25: 1 dose, and 6-29: 2 doses, all administration record, for July 2015, revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel. The physmach and the resident received 3 doses of Seroquel for increased anxiety. The August 2015 medication administration record, for July 2015, revealed the resident received 3 doses of Seroquel. The physmach and the resident received 3 doses of Seroquel for increased anxiety. The physmach and the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am. The physmach and the resident received 3 doses of Seroquel. The physmach and the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am. The physmach and the resident received 3 doses of Seroquel for increased anxiety with a dose given on 8-13-15 at 8:00 am.

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F 329	Continued From page	e 20		F 329				
	identification and monitoring of target behaviors for Seroquel from April 2015, through August 13, 2015.		I					
	Observation, on 8-12-15 at 4:45 pm, revealed the resident seated in his/her wheelchair in the dining room, attempting to move him/herself away from the table.							
	Observation, on 8-13-15 at 9:30 am, revealed the resident sat in the dining room, feeding him/herself breakfast. The resident finished breakfast at 11:09 am.							
	Interview, on 8-12-15 at 4:45 pm, with licensed nursing staff H, revealed the resident needed encouragement to eat, and generally had a good appetite. Staff H stated the resident ate slowly, and was cooperative.							
		at 5:45 pm, with direct esident was cooperative atch television.						
	Interview, on 8-13-15 at 8:30 am, with direct care staff D, revealed the resident was cooperative with cares and was due for a shower this morning. At this time, observation revealed staff assisted the resident up in bed and transferred into his/her wheelchair, and taken to the bathroom for toileting. The resident was slow to move and cooperative with instructions.							
	staff F, revealed he/sl 25 milligrams in the m resident was having a	at 2:23 pm, with direct the administered Seroqu norning for anxiety, and a bad day. Staff F state ys and bad days and the calm the resident.	the ed the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER		` ′	E CONSTRUCTION	(X3) DATE SU COMPLET	
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F 329	Interview, on 8-13-15 nursing staff E, reveal calm the resident with and the interventions the behavior monitorial administration record opened the medication the resident and note monitoring sheet for a completed. Interview, on 8-13-15 administrative nursin was not indicated for Interview, on 8-18-15 staff J, revealed the pantipsychotic medical behaviors for staff to an indication for this. The facility policy for medication, revised 4 implement a program psychopharmacologi /hypnotics prescribed clinically indicated, no condition that is diagonal the clinical record and use and monitored for The facility failed to independent, cognitive behaviors with the usantipsychotic medical reactions and to ensumedication usage for	at 2:25 pm, with license aled staff should attempt hout the use of medicate should be documented in should be documented in should be documented in should be documented in should be the medical. At this time, staff E on administration recorded that the behavior August 2015 was not at 4:00 pm, with g staff A, revealed Serce anxiety. To at 8:30 am, with consumptions who order that the should identify target monitor, and anxiety with medication. The psychopharmacological properties of the ensure call medications and send for individual residents are ecessary to treat a specific properties and documented devaluated for continuous adverse consequence dentify and monitor this ly impaired resident's see of Seroquel, an attion, to prevent adverse ture no unnecessary	at to citions of on tions of on tion of tion of tion of tion of the cition of the citi	F 329			
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F 428	Continued From page	e 22		F 428				
	The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist. The pharmacist must report any irregularities to							
	the attending physician, and the director of nursing, and these reports must be acted upon.							
	The facility reported a 10 selected for review selected for unnecess observation, interview facility failed to ensure identified drug irregular physician and director failed to act upon ider monitoring effectivenean antipsychotic mediresidents reviewed for Findings included;	not met as evidenced by census of 99 residents including 2 residents ary medications. Base of and record review, the ethe consultant pharmarities and reported to the rof nursing. The facilitatified irregularities relates and adverse reaction for one (#21) of runnecessary medicat	ed on e acist the y also ted to ons to the 2					
	set), dated 4-30-15, a BIMS (brief interview		vith a e of					
	function, no behaviors assistance with activit	s, required extensive ties of daily living and c medication 1 day of the and diagnoses of						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		` '	LE CONSTRUCTION	(X3) DATE SUI COMPLET	
		175277		B. WING		08/2	0/2015
	OVIDER OR SUPPLIER N WOODS AT ALVAMA	AR	1501 IN	VERNESS D	R	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REI ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 428	The CAA (care area a psychotropic medicat assessed the residen and antidepressant a: The resident was taki increased anxiety. The care plan, update addressing the reside interventions for use of the physician order sinstructed staff to admantipsychotic medical hours as needed for a 4-23-15. Review of the medical for April 27, 2015, rev Seroquel 25 mg one of complaints, and on Manxiety. The resident in June 2015, including dose, 6-23: 2 doses, all the nurses' note, data resident sustained a vinjury, on 6-21-15, an evaluation. Review of the medical for July 2015, revealed doses of Seroquel for The August 2015 med record revealed the record record record rev	assessment) for ion use, dated 4-30-15, t as taking an antipsyon ion new to the resider on Seroquel as needed and 7-29-15, lacked a plant's anxiety and of Seroquel. Sheet, dated 5-6-15, minister Seroquel (an ation), 25 milligrams, even anxiety, originally ordered and the resident received Seroquel 9 times for repetitive health and 31, 2015 for increase received Seroquel 9 times 6-19: 1 dose, 6-22: 1 doses, 6-25: 1 dose, 6-25: 1 dose, 6-25: 1 dose, 6-26: 1 dose of the resident received anxiety and ministration received the resident received anxiety. Action administration received the resident received anxiety. Action administration received anxiety and dose of danxiety with a dose of danxiety with a dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of danxiety with a dose of the resident received 3 dose of the resident received 4 dose of the resident received 4 dose of the resident received 4	chotic, nt. If for If f	F 428			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		' '	(X3) DATE SURVEY COMPLETED	
AND LAN OF CONNECTION		175277						
		1/32//		B. WING		08/2	0/2015	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
BRANDO	N WOODS AT ALVAMA	AR		NVERNESS DR				
			LAWKE	NCE, KS 66	5047			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	TION SHOULD BE COMPLETION DATE		
F 428	Continued From page	e 24		F 428				
	The pharmacy review failed to identify the fa appropriate diagnosis monitoring of behavio Seroquel. The pharmadvised staff to evaluate Seroquel. Review of the medical identification and more for Seroquel from Apr 2015. Observation, on 8-12-resident seated in his	rs, dated 5-5-15 and 6-3 acility's lack of an	of 15, of riors t 13, d the dining					
	Observation, on 8-13-15 at 9:30 am, revealed the resident seated in the dining room, feeding him/herself breakfast. The resident finished breakfast at 11:09 am.							
	nursing staff H, revea encouragement to ea	at 4:45 pm, with licens led the resident needed t, and generally had a ged the resident ate slow	d good					
	staff I, revealed the recares, and liked to wa at this time revealed s in bed and transferred and taken to the bath	at 5:45 pm, with direct esident was cooperative atch television. Observa staff assisted the resided into his/her wheelchai room for toileting. The move and cooperative was sident of the	e with ation ent up ir,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED	
175.		175277	B. WING			08/	08/20/2015	
	ROVIDER OR SUPPLIER N WOODS AT ALVAMA	AD		RESS, CITY, STA				
BRANDO	N WOODS AT ALVAM	AK		NCE, KS 66				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
F 428	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		F 428					

			PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING		(X3) DATE SURVEY COMPLETED	
		175277		B. WING		08	20/2015	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE			
BRANDO	N WOODS AT ALVAM	IAR		/ERNESS D NCE, KS 66				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REC OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 428	Continued From page 26 cognitively impaired resident's use of Seroquel an antipsychotic medication, to prevent adverse reactions and to ensure no unnecessary medication usage for this resident.			F 428				